1282370

# **FORM D**

# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0076 May 31, 2005

OMB APPROVAL

Expires: Estimated average burden hours per form......16.00



## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC US | E ONLY  |
|--------|---------|
| Prefix | Serial  |
| DATE R | ECEIVED |

| Name of Offering (☐ check if this is an amendment - Sale of Series 3A Participation of Sale of Series 3A Participation of Sale of Sal | 0,  | SEC MAIL<br>SEC |
|---|---|---|
| Filing Under (Check box(es) that apply): ☐ Rule Type of Filing: ☐ New Filing ☐ Amer   |   | 4(6) DIJOE  |
| <u> </u>  | A. BASIC IDENTIFICATION DATA  | 200>  |
| 1. Enter the information requested about the issue  | er  | 170   |
| Name of Issuer ( check if this is an amendmen Invoke Solutions, Inc.  | at and name has changed, and indicate change.)                              | L o SECTION   |
| Address of Executive Offices<br>375 Totten Pond Road, Waltham, MA 02451   | (Number and Street, City, State, Zip Code)                                  | Telephone Number (Including Area Code) 781  |
| Address of Principal Business Operations (if different from Executive Offices)  | (Number and Street, City, State, Zip Code)                                  | Telephone Number (Including Area Code)  |
| Brief Description of Business<br>Provides Internet-based market research services   |   | U sous  |
| Type of Business Organization   |   | 2007  |
|   | limited partnership, already formed limited partnership, to be formed FINAN | SON Other (please specify):   |
| Actual or Estimated Date of Incorporation or Org  Jurisdiction of Incorporation or Organization:  | anization:  | 9 ⊠ Actual ☐ Estimated  |
|   | CN for Canada; FN for other foreign jurisdiction)                           | DE  |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTI  | FICATION DATA       |            |                                 |  |  |  |  |
|--|---------------------|------------|---------------------------------|--|--|--|--|
| 2. Enter the information requested for the following:  |                     |            | <del></del>                     |  |  |  |  |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |                     |            |                                 |  |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner  |                     | □ Director | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual) Cesare, Ben   |                     |            |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Invoke Solutions, Inc., 375 Totten Pond Road, Waltham, MA 02451   |                     |            |                                 |  |  |  |  |
| Check Box(es) that Apply:  Promoter Beneficial Owner   |                     | Director   | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual)  Haberman, Louis  |                     |            | <u></u>                         |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Invoke Solutions, Inc., 375 Totten Pond Road, Waltham, MA 02451   |                     |            |                                 |  |  |  |  |
| Check Box(es) that Apply:  Promoter Beneficial Owner   | ☐ Executive Officer |            | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual) Schwartz, Jeffrey M.  |                     |            |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Invoke Solutions, Inc., 375 Totten Pond Road, Waltham, MA 02451   |                     |            |                                 |  |  |  |  |
| Check Box(es) that Apply:  Promoter Beneficial Owner   | ☐ Executive Officer | ☑ Director | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual)  Krupka, Michael  |                     |            |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Invoke Solutions, Inc., 375 Totten Pond Road, Waltham, MA 02451   |                     |            |                                 |  |  |  |  |
| Check Box(es) that Apply:  Promoter Beneficial Owner   | ☐ Executive Officer | ☑ Director | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual) Shpilberg, David  |                     |            |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Invoke Solutions, Inc., 375 Totten Pond Road, Waltham, MA 02451   |                     |            |                                 |  |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner  | Executive Officer   | □ Director | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual)  Meurer, William  |                     |            |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Invoke Solutions, Inc., 375 Totten Pond Road, Waltham, MA 02451   |                     |            | 72.77                           |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner  | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual) Brand Ventures II, L.P.   |                     |            |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o BEV Capital, One Stamford Plaza, 263 Tresser Blvd., 16th Floor, St  | amford, CT 06901    |            |                                 |  |  |  |  |

|  |                        | A RASIC IDENTI              | IFICATION DATA      |            |                                      |  |  |
|--|------------------------|-----------------------------|---------------------|------------|--------------------------------------|--|--|
| 2. Enter the information re  | equested for the follo |                             | IFICATION DATA      | <u> </u>   |                                      |  |  |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |                        |                             |                     |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ⊠ Beneficial Owner          | ☐ Executive Officer | Director   | General and/or Managing Partner      |  |  |
| Full Name (Last name first, i<br>Bain Capital Venture Fund   |                        | WH M                        |                     | ****       | <u> </u>                             |  |  |
| Business or Residence Addre<br>c/o Bain Capital, LLC 111   | •                      |                             |                     |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ☑ Beneficial Owner          | ☐ Executive Officer | ☐ Director | General and/or Managing Partner      |  |  |
| Full Name (Last name first, BRM Capital Fund, L.P.   | f individual)          |                             |                     |            |                                      |  |  |
| Business or Residence Addre<br>c/o BRM Capital Manager   |                        |                             | w York, NY 10022    |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ☐ Beneficial Owner          | ☐ Executive Officer | □ Director | ☐ General and/or<br>Managing Partner |  |  |
| Full Name (Last name first, Busquet, Anne  | ·                      |                             |                     |            |                                      |  |  |
| Business or Residence Addre<br>c/o Invoke Solutions, Inc.,   |                        |                             |                     |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ☐ Beneficial Owner          | ☐ Executive Officer | □ Director | ☐ General and/or<br>Managing Partner |  |  |
| Full Name (Last name first, Cowan, Rory  |                        |                             |                     |            |                                      |  |  |
| Business or Residence Addre<br>c/o Invoke Solutions, Inc.,   |                        |                             |                     |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ⊠ Beneficial Owner          | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |  |  |
| Full Name (Last name first, BRM Seed Fund II, L.P.   | <u> </u>               |                             |                     |            |                                      |  |  |
| Business or Residence Addr<br>c/o BRM Capital Manager  |                        |                             | w York, NY 10022    |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ⊠ Beneficial Owner          | ☐ Executive Officer | Director   | General and/or Managing Partner      |  |  |
| Full Name (Last name first, Wyndham Court  |                        |                             |                     |            |                                      |  |  |
| Business or Residence Address 5005 West Touly Avenue,  |                        | eet, City, State, Zip Code) |                     |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ⊠ Beneficial Owner          | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |  |  |
| Full Name (Last name first,<br>Natanson, Alon  | if individual)         |                             | •                   |            |                                      |  |  |
| Business or Residence Addrec/o Invoke Solutions, Inc.,   |                        |                             |                     |            |                                      |  |  |
| Check Box(es) that Apply:  | Promoter               | ⊠ Beneficial Owner          | ☐ Executive Officer | ☐ Director | General and/or Managing Partner      |  |  |
| Full Name (Last name first,  | if individual)         |                             |                     |            |                                      |  |  |

| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Invoke Solutions, Inc., 375 Totten Pond Road, Waltham, MA 02451 |               |                    |                     |            |                                   |  |  |  |
|--|---------------|--------------------|---------------------|------------|-----------------------------------|--|--|--|
| Check Box(es) that Apply:  | Promoter      | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |  |  |  |
| Full Name (Last name first, i<br>Weisenstern, Amir   | f individual) |                    |                     |            |                                   |  |  |  |
| Business or Residence Addre<br>c/o Invoke Solutions, Inc.,   |               |                    | 1                   |            |                                   |  |  |  |

|      | :   | · · · · · · · · · · · · · · · · · · ·   |                                       | ,                      | В.                           | IŅFORMA                                    | TION ABO                                    | UT OFFER  | ING                      |                          |                   |                 |                   |
|------|---|---|---------------------------------------|------------------------|------------------------------|--|---|---|--------------------------|--------------------------|-------------------|-----------------|-------------------|
| 1.   | Has the   | issuer sold,  | or does the                           | issuer int             | end to sell, to              | o non-accrec                               | lited investor                              | rs in this offer  | ring?                    |                          | ***********       |                 | Yes No            |
|      |   |   |                                       |                        | Answer als                   | so in Appen                                | dix, Column                                 | 2, if filing un   | der ULOE.                |                          |                   |                 |                   |
| 2.   | What is   | the minimu  | m investm                             | ent that wi            |                              |  |   | •   |                          |                          |                   |                 | \$0               |
| -    | * Investments of lesser amounts may be accepted in the Company's sole discretion. |   |                                       |                        |                              |  |   |   |                          |                          |                   |                 |                   |
| 3.   |   |   |                                       |                        |                              |  |   |   |                          | Yes No<br>☑ □            |                   |                 |                   |
| 4.   | similar<br>to be lis<br>list the  | remuneration remuneration remuneration remains the state of the state | on for sol<br>ociated pe<br>broker or | icitation or a dealer. | of purchaser<br>agent of a l | rs in conne<br>broker or d<br>n five (5) j | ction with<br>ealer registe<br>persons to b | d or given, di<br>sales of sec-<br>ered with the<br>oe listed are | urities in the SEC and/o | e offering.<br>or with a | If a postate or s | erson<br>tates, |                   |
| Ful  | l Name (I   | ast name fir  | st, if indiv                          | idual)                 |                              |  | · · · · · · · · · · · · · · · · · · ·       | ·   |                          |                          |                   |                 | <del></del>       |
| Bus  | iness or I  | Residence A   | ddress (Nu                            | mber and               | Street, City,                | State, Zip C                               | ode)  | -   |                          |                          |                   |                 |                   |
|      |   |   | •                                     |                        |                              | •  | ,   |   |                          |                          |                   |                 |                   |
| Nar  | ne of Ass   | ociated Brol  | ker or Deal                           | er                     |                              |  |   | ·   |                          |                          |                   |                 |                   |
| Stat | es in Wh  | ich Person I  | icted Une                             | Colinited o            | r Intends to                 | Salicit Durch                              | nggarg                                      | <u> </u>  |                          | <del></del>              |                   |                 |                   |
| Stat |   |   |                                       |                        |                              |  |   |   |                          |                          |                   |                 |                   |
|      | (Check<br>[AL]  | "All States"<br>[AK]  | or check in [AZ]                      | ndividual (<br>[AR]    | States)<br>[CA]              | [CO]                                       | [CT]  | [DE]  | [DC]                     | [FL]                     | [GA]              | [HI]            | . All States [ID] |
|      | [IL]  | [IN]  | [IA]                                  | [KS]                   | [KY]                         | [LA]                                       | [ME]  | [MĎ]  | [MA]                     | [MI]                     | [MN]              | [MŚ]            | [MO]              |
|      | [MT]<br>[RI]  | [NE]<br>[SC]  | [NV]<br>[SD]                          | [NH]<br>[TN]           | [LN]<br>{TX}                 | [NM]<br>[UT]                               | [NY]<br>[VT]                                | [NC]<br>{VA}  | [ND]<br>[WA]             | [OH]<br>{WV}             | [OK]<br>[WI]      | [OR]<br>[WY]    | [PA]<br>[PR]      |
| Ful  | l Name (l   | ast name fir  | rst, if indiv                         | idual)                 |                              |  |   |   |                          |                          |                   |                 |                   |
|      |   |   |                                       | ,                      |                              |  |   |   |                          |                          |                   |                 |                   |
| Bus  | siness or l   | Residence A   | ddress (Nu                            | mber and               | Street, City,                | State, Zip C                               | Code)                                       |   |                          |                          |                   | -               |                   |
| Nat  | me of Ass   | ociated Brol  | ker or Deal                           | er                     |                              |  |   | -   |                          |                          |                   |                 |                   |
|      | 01.100  |   |                                       |                        |                              |  |   |   |                          |                          |                   |                 |                   |
| Stat | tes in Wh   | ich Person L  | isted Has                             | Solicited o            | r Intends to                 | Solicit Purch                              | nasers                                      | · · · · · · · · · · · · · · · · · · ·                             | · • · ·                  |                          |                   | <del></del> .   | <del></del>       |
|      | (Check  | "All States"  | or check in                           | ndividual :            | States)                      |  |   | .,  |                          |                          |                   |                 | . All States      |
|      | [AL]<br>[IL]  | [AK]<br>[IN]  | [AZ]<br>[IA]                          | [AR]<br>[KS]           | [CA]<br>[KY]                 | [CO]<br>[LA]                               | [CT]<br>[ME]                                | [DE]<br>[MD]  | [DC]<br>[MA]             | [FL]<br>[MI]             |                   | [HI]<br>[MS]    | [ID]<br>[MO]      |
|      | [MT]  | [NE]  | [NV]                                  | [NH]                   | ַ[נא]                        | [NM]                                       | [NY]  | [NC]  | [ND]                     | [OH]                     | [OK]              | [OR]            | [PA]              |
|      | [RI]  | [SC]  | [SD]                                  | [TN]                   | [TX]                         | [UT]                                       | [VT]  | [VA]  | [WA]                     | [WV]                     | [WI]              | [WY]            | [PR]              |
| Ful  | Name (I   | ast name fir  | rst, if indiv                         | idual)                 |                              |  |   |   |                          |                          |                   |                 |                   |
| Bus  | siness or l   | Residence A   | ddress (Nu                            | mber and               | Street, City,                | State, Zip C                               | Code)                                       | <del>.</del>  |                          |                          |                   |                 |                   |
| Nar  | me of Ass   | sociated Bro  | ker or Dea                            | er                     |                              |  |   |   |                          | · water                  |                   |                 | <del></del>       |
| Sta  | tes in Wh   | ich Person L  | isted Has                             | Solicited o            | r Intends to                 | Solicit Purcl                              | hasers                                      |   |                          |                          |                   |                 |                   |
|      | (Check  | "All States"  | or check is                           | ndividual !            | States)                      |  |   |   |                          |                          |                   |                 | . 🗀 All States    |
|      | [AL]  | [AK]  | [AZ]                                  | [AR]                   | [CA]                         | [CO]                                       | [CT]  | [DE]  | [DC]                     | [FL]                     | [GA]              | [HI]            | [ID]              |
|      | [IL]<br>[MT]  | [IN]<br>[NE]  | [IA]<br>[NV]                          | [KS]<br>[NH]           | [KY]<br>[NJ]                 | [LA]<br>[NM]                               | [ME]<br>[NY]                                | [MD]<br>[NC]  | [MA]<br>[ND]             | [MI]<br>[OH]             | [MN]<br>[OK]      | [MS]<br>[OR]    | [MO]<br>[PA]      |
|      | [RI]  | [SC]  | [SD]                                  | [TN]                   | [TX]                         | [UT]                                       | [VT]  | [VA]  | [WA]                     | [WV]                     | [WI]              | [WY]            | [PR]              |

|            | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE  | OF | PROCEEDS                    |          | _          |                                      |
|------------|---|----|-----------------------------|----------|------------|--------------------------------------|
| •          | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |    |                             |          |            |                                      |
|            | Type of Security  | ,  | Aggregate<br>Offering Price |          | •          | Amount Already<br>Sold               |
|            | Debt  | \$ | 0                           | _        | \$         | 0                                    |
|            | Equity  | \$ | \$ 12,925,387               | _        | \$         | \$12,500,905.64                      |
|            | ☐ Common ☑ Preferred  |    |                             |          |            |                                      |
|            | Convertible Securities (including warrants)   | \$ | 0                           | _        | \$         |                                      |
|            | Partnership Interests   | \$ | 0                           | _        | \$         | 0                                    |
|            | Other (Specify)   | \$ | 0                           | _        | \$         | 0                                    |
|            | Total   | \$ | \$ 12,925,387               | <u> </u> | \$         | \$12,500,905.64                      |
|            | Answer also in Appendix, Column 3, if filing under ULOE.  |    |                             |          |            |                                      |
| 2.         | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |    |                             |          |            |                                      |
|            |   |    | Number<br>Investors         |          |            | Aggregate Dollar Amount of Purchases |
|            | Accredited Investors  | _  | 12                          | _        | \$_        | 12,500,905.64                        |
|            | Non-accredited Investors  |    | 00                          | _        | \$_        | 0                                    |
|            | Total (for filings under Rule 504 only)   |    |                             | _        | \$_        |                                      |
|            | Answer also in Appendix, Column 4, if filing under ULOE.  |    |                             |          |            |                                      |
| 3.         | If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |    |                             |          |            |                                      |
|            | Type of Offering  |    | Type of Security            |          |            | Dollar Amount<br>Sold                |
|            | Rule 505  |    | •                           |          | S          |                                      |
|            | Regulation A  |    |                             |          | _          |                                      |
|            | Rule 504  |    | · <u> </u>                  | _        | 5          |                                      |
|            | Total   |    |                             |          | s          |                                      |
| <b>l</b> . | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |    |                             | _        | <b>-</b>   |                                      |
|            | Transfer Agent's Fees   |    | [                           | _        | \$_        |                                      |
|            | Printing and Engraving Costs  |    | [                           | ]        | \$_        | <del></del>                          |
|            | Legal Fees  |    | C                           | X        | <b>s</b> _ | 95,000                               |
|            | Accounting Fees   |    | [                           | 3        |            |                                      |
|            | Engineering Fees  |    | [                           | _        |            |                                      |
|            | Sales Commissions (specify finders' fees separately)  |    | ſ                           |          |            |                                      |
|            | Other Expenses (identify) Placement agent expense reimbursement   |    | I                           | _        | s          | -                                    |
|            | Total   |    |                             | _<br>⊠   | s-         | 95,000                               |
|            | b. Enter the difference between the aggregate offering price given in response to Part C -  |    | •                           | _        | Ψ          |                                      |
|            | 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2  |    |                             |          |            |                                      |

|   | E, NUMBER OF INVESTORS, EXPENSES AND USE  | OF PROCEEDS                                   |   |
|---|---|---|---|
| Question 1 and total expenses furnished in response adjusted gross proceeds to the issuer." | onse to Part C - Question 4.a. This difference is the   |   | \$_12,405,905.64                          |
| used for each of the purposes shown. If th  | gross proceeds to the issuer used or proposed to be e amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the in response to Part C - Question 4.b above. |   |   |
| ·   |   | Payments to Officers, Directors, & Affiliates | Payments To<br>Others                     |
| Salaries and fees   |   | \$  | <b>S</b>                                  |
| Purchase of real estate   |   | \$  | <b>S</b>                                  |
| Purchase, rental or leasing and installation  | of machinery and equipment  | \$  | <b>\$</b>                                 |
| Construction or leasing of plant buildings a  | nd facilities   | \$  | □ <b>\$</b>                               |
| Acquisition of other businesses (including offering that may be used in exchange for t      | he assets or securities of another  | •   |   |
| •   |   | \$  | •   |
| ' '   | <del></del>   |   | □ \$                                      |
| •   |   |   | <b>■ \$</b> <u>12,405,905.64</u>          |
| Other (specify):  |   | \$  | □ \$                                      |
|   |   | \$  | □ \$                                      |
| Column Totals   |   | \$  | <b>S</b> 12,405,905.64                    |
| Total Payments Listed (column totals adde   | <b>S</b> \$_12,405,90   | <u>5.64</u>                                   |   |
|   | D. FEDERAL SIGNATURE  |   |   |
| ollowing signature constitutes an undertaking   | signed by the undersigned duly authorized person. It by the issuer to furnish to the U.S. Securities and ssuer to any non-accredited investor pursuant to paragraph   | <b>Exchange Commiss</b>                       | under Rule 505, the ion, upon written re- |
| ssuer (Print or Type) nvoke Solutions, Inc.   | Signature era Dat   | le 4.25.0                                     | 7   |
| Name of Signer (Print or Type) Ben Cesare   | Title of Signer (Print or Type) President   |   |   |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

